

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037428

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9675

DO NOT WRITE
ON THIS STUD

AMENDED

FILED OCT 4 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Bethesda Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5617 Marquette

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Elijah

Middle

Elmer

Last

Chambers

4. DATE
OF
DEATH

Month Day Year

September 26, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/26/1873

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Custodian

10b. KIND OF BUSINESS OR INDUSTRY

Bank

11. BIRTHPLACE (City and state or country)

Clay Co., Ind.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Alexander Chambers

13b. MOTHER'S MAIDEN NAME

Rachel Alice Black

14. NAME OF HUSBAND OR WIFE

Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lola Alexander, 5617 Marquette

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Mesenteric Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

Atherosclerotic H. Disease

24 hrs

DUE TO (c)

+ Generalized Atherosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

420.0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9/25 to 9/26/63

and last saw him alive on 9/26/63

Death occurred at 8:25 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Malcolm B. Bawel M.D.

22b. ADDRESS

4660 Maryland

22c. DATE SIGNED

9/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11-28-63

23c. NAME OF CEMETERY OR CREMATORY

Presbyterian Cemetery

23d. LOCATION (City, town, or county)

Caledonia, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

White Funeral Home, Ironton, Mo.

25. DATE RECD. BY LOCAL REG.

SEP 27 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

OK
Paul J. Smith
Sept 27/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer.

Signed _____

Licensed Embalmer No. 4596

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.